

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 1 0/587663		FILING DATE	
APPLICANT(S)									
CLAIMS									
		AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		1		1					
2			1		1				
3			2		1				
4			2		1				
5			1		1				
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TOTAL IND.			↓	1	↓		↓		
TOTAL DEP.			←	10	←		←		
TOTAL CLAIMS				11					
51									
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TOTAL IND.			↓		↓		↓		
TOTAL DEP.			←		←		←		
TOTAL CLAIMS									

PTO - 1360 (REV. 11/04)

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